


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90030 024 \*\*\*150.00

DOCUMENT # P97000028346		
1. Entity Name SPECIALIZED CONDOMINIUM MANAGEMENT, INC.		
Principal Place of Business: <del>3447 NE 168TH STREET</del> <del>MIAMI FL 33160</del> US	Mailing Address: <del>3447 NE 168TH STREET</del> <del>MIAMI FL 33160</del> US	
2. Principal Place of Business	3. Mailing Address	



Specialized Condo Management  
12955 Biscayne Blvd Suite 326  
North Miami, Florida 33181

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1st MOORE CR2E034 (10/04)

4. FEI Number 65-0745363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SCHMAELING, RICHARD <del>3447 NE 168TH STREET</del> <del>MIAMI FL 33160</del>	7. Name and Address of New Registered Agent Name: SCHMAELING RICHARD Street Address (P.O. Box Number is Not Acceptable): 18911 COLLINS AVE SUITE 507 SUNNY ISLES BEACH FL City: FL Zip Code: 33160
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMAELING, RICHARD <del>3447 NE 168TH STREET</del> MIAMI FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMAELING RICHARD 18911 COLLINS AVE #507 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OHALPIN, VIRGINIA <del>3447 NE 168TH STREET</del> MIAMI FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OHALPIN VIRGINIA 18911 COLLINS AVE #507 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Schmaeling RICHARD SCHMAELING PRES 2/08/05 305 893 2103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #